

FAUQUIER COUNTY



PARKS AND RECREATION

One form per person/program

Activity _____ Program Code _____

Begin/End Dates _____ Times _____ Location _____

Session: I II III IV V VI

Option: _____ Day(s) of Week—M T W Th F Sa Su Are you returning to a continuing program? Yes No

Specific Information if Required _____

Emergency Name _____ Phone _____

Parent's Name (If participant under 18) _____ Phone _____

Family Physician _____ Phone _____

Special Medicine _____

Age _____ Date of Birth _____ Grade _____ Sex M F Fauquier Resident Yes No

Mailing Address _____ Town/Zip _____

Participant Name _____

Phone (Home) _____ (Work) _____

ACKNOWLEDGEMENT OF RISKS/RELEASE OF CLAIMS FORM

In consideration of the permission granted, I hereby grant permission for the person named above to participate in the program described and associated activities sponsored by the Fauquier County Parks and Recreation Department. I further release the Fauquier County Parks and Recreation Department, the County of Fauquier, its agents, employees, and volunteers from all action, damages, claims, or demands and all liability which might be incurred during the conduct of this activity.

I further authorize Department officials to take the proper steps to provide medical attention should participant be injured while participating or being transported to or from any Department sponsored activity and I hold any officials and the Fauquier County Parks and Recreation Department harmless therefore.

I have read the policies pertaining to cancellations, refunds, rules and regulations, etc. as pertain to the activity. I acknowledge the risks and responsibilities involved in these activities. I assume these risks realizing the capabilities of the persons participating.

I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Unless otherwise noted, I hereby give permission for photographs and videotapes of the above-mentioned person and person's activities, events, classes, and programs to be used for promotional purposes (no names will be included, unless separate permission is granted) by Fauquier County Parks and Recreation Department.

Signature of participants age 7 or older

Signature of parent/guardian if participant is under age 18

Date